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TAPES & TRANSMITTALS

Tape Failure!

ecently, there have been a number of failed tapes due to the "Subcapitated code (01) not valid when the Health Plan paid amount is zero." This encounter edit error will prevent tapes from passing pre-syntx checks and will cause tape failures.

A tape with a syntax error rate of greater than 2% is automatically failed. Please remember that if the subcapitated code is 01, the Health Plan allowed amount must be placed in the Health Plan Paid amount field, except for follow-up within a global period and vaccines under VFC.



"Luck is a matter of preparation meeting opportunity." **Oprah Winfrey**

PENDING ENCOUNTERS

glucose monitor, per 50 strips". AHCCCSA limits the maximum number of units for this procedure to 03. For this procedure, 50 strips is one (1) unit. If 100 strips are dispensed, the number of units is two (2).

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Encounters Associated to Reinsurance Get A New

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Durable Medical Equipment/Supplies Unit Definition Consistency Revision!

he paragraph for Durable Medical Equipment/Supplies (Form A) found in Appendix A (A-15) has been changed. The last sentence "Do not use the number of cartons or boxes because cartons and boxes vary as to the number of items inside" has been replaced with "all units listed for DME should be reported as found in the HCPCS National Level II Medicare Codes Manual."

An example of this would be the procedure code A4253 – "Blood glucose test or reagent strips for home blood

Change!

ffective 02/12/99 Health Plan reinsurance analysts have been advised that it will no longer be necessary to "EX" or "PX" encounters. The "EX" was used when the Health Plans wanted to adjust an associated reinsurance encounter; the encounter would be automatically reassociated to the reinsurance case on the next cycle. "PX" was used when the Health Plan wanted to void the associated reinsurance encounter that was never to be reassociated to the case.

The new procedure is to use bill type 117 or 118. Any reported encounter that is reinsurance eligible with a void action (bill type 118) will now be associated to the reinsurance case with a "VD" status and a replacement (bill type 117) will show as a "VR".

If there are any questions regarding this process, please contact Patricia Peers at (602) 417-4539.

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Tertiary & Quarternary Diagnosis Code Correction Problem!

A HCCCS has identified a problem with the tertiary & quarternary (3rd and 4th) diagnosis codes. When the Health Plan or Program Contractor attempted to correct these diagnosis codes, PMMIS, AHCCCSA's computer system, rejected the corrections.

While we are in the process of correcting PMMIS logic, you may submit, in writing, the correct tertiary & quarternary (3rd and 4th) diagnosis codes to the Encounter Operations Unit and we will correct these for you. For additional information, please contact your Encounter Operations Representative.

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Diabetes Outpatient Education Added for 6 Provider Profiles!

The procedure codes, G0108 – "Diabetes outpatient self-management training services" and G0109 – "Diabetes self-management training services, group sessions" have been added to the Provider Profile for the following provider types:

Provider Type	Description
08	MD Dhysician
08	MD-Physician
02	Hospital
05	Clinic
18	Physicians Assistant
19	Registered Nurse Practitioner
31	DO-Physician Osteopath

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Vaccine for Children's Program!

Figure 101/01/99 the procedure codes for the Vaccine for Children's Program has been revised.

The policy for identifying vaccines with a VA modifier must still be used. The administration codes, 90471 and 90472, are not to be used with vaccines from the VFC Program.

The following vaccines need the VA modifier for identification of vaccines from the VFC Program.

Code	Description
90633	Hepatitis A
90634	Hepatitis A
90645 - 90648	Hemophilus
90680	Rotavirus

Code	Description
90703	Tetanus
90704	Mumps
90705	Measles
90706	Rubella
90707	MMR
90708	Measles/Rubella
90709	Rubella/Mumps
90710	MMRV
90719	Diphtheria

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"The way I see it, if you want the rainbow, you gotta put up with the rain."

Dolly Parton

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FTP 1 or 2 Months Away!

It is anticipated that the monthly provider and reference data tapes will be available very soon (within one to two months) via the AHCCCSA FTP server. All Health Plans will be contacted when the data is available via FTP.

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Reminder!

e have recently experienced an increase in pended encounters for the error code R391 – "Recipient Requires Review By OMD for Transplant." Please remember the Subcapitated Code of 04, 05, or 06 must be present, the Health Plan Paid Amount must be present, and the Value must be greater than zero. If these items are not included on the encounter, the encounter will pend for the above edit.

If there are any questions, or problems please refer to the Encounter Reporting User Manual – Appendix A; pages 14-15.

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Encounter Project List Update!

AHCCCSA programmers are working on the following projects to improve encounter submissions and data quality.

ALMOST COMPLETE

1.	Provider/reference data available – FTP
2.	Encounter reference screens availability for
	Health Plans
3.	Encounter Keys on web page
4.	Medicare edit bypass on outpatient UB
	ancillary only revenue codes

WORK IN PROGRESS

1.	Additional information e.g., procedure,
	modifier, units added to reference data on
	FTP/tapes
2.	Edit to pend inpatient UB if only
	accommodation and total revenue code
	present
3.	Edit to permit zero billed follow-up services
	in global period and vaccines under VFC
4.	Physician Fee Schedule update on Web Page
5.	Edit to allow encounter operations flexibility
	to adjudicate specific pended encounters
6.	Mapping of ASC X12N and NCPDP fields to
	PMMIS database

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Dilemmas!

These error codes will not be sanctioned.

Edit Code	Description
H470	Date of Service is Prior to Date of Birth
T020	Accommodation Days Cannot Span More Than 2 Tiers
T030	ICU With Nursery Not A Logical Split

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Look for the Encounter Keys on the AHCCCS web page soon. More information to follow.

www.ahcccs.state.az.us